

**HOGAN & HARTSON L.L.P.**

500 SOUTH GRAND AVENUE  
SUITE 1900  
LOS ANGELES, CA 90071

Tel.: (213) 337-6700  
Fax: (213) 337-6701

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**TELECOPY/FACSIMILE COVER LETTER**

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June 9, 2004

TO: U.S. Patent and Trademark Office  
Examiner: Chanh D. Nguyen  
Art Unit: 2675

DATE: \_\_\_\_\_

FROM: Dariusz G. Adli  
Voice: (213) 337-6809, Fax: (213) 337-6701  
dgacli@hhlaw.com

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 23

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**MESSAGE:**

Patent Application No.: 10/092,377; Our Ref. 81751.0030

I hereby certify that the following documents:

- ☒ Amendment  
☒ Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

June 9, 2004  
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306

CLIENT NUMBER: 81751.0030

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: 571-272-1657 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81751.0030  
Application No. 10/092,377

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Akira MORITA

Serial No: 10/092,377

Filed: March 5, 2002

For: VOLTAGE SUPPLYING DEVICE, AND  
SEMICONDUCTOR DEVICE, ELECTRO-OPTICAL  
DEVICE AND ELECTRONIC INSTRUMENT USING  
THE SAME

Art Unit: 2675

Examiner: Chanh D. Nguyen

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June 9, 2004

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Diane Zynn

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Signature

06/09/04

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	8	-	6	***	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
Independent Claims: 1, 10, 13, 15, 17, 18					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Darius G. Adli

Registration No. 51,386  
Attorney for Applicant(s)

Date: June 9, 2004

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701